

life is all that any one with ordinary medical intelligence could expect. The patient often cannot receive much palliation from any other method of treatment, but by the use of radium will improve rapidly for a time, or even a clinical cure will be obtained. Finally, on account of the extensive metastases, the patient will die after from six months to three years or more of prolongation of life. Then those who were watching the case or those who knew that radium had been used, will decide that radium had no value, without remembering or knowing the condition of the patient when radium was started. If one is to express an opinion as to the therapeutic value of a remedy, such statements should be guarded unless a study of all factors has been made and one should be without prejudice for or against the remedy. Many operators have used insufficient quantities of radium thus giving inefficient doses, or else, on the other hand, have overtreated the local growth, without attempting to treat the metastases. No one will deny that, under certain circumstances radium may be harmful rather than beneficial, since if the dose is too small or too long continued, stimulation rather than destruction may take place while, on the other hand, too large a dose may result in irreparable damage to normal tissues. Treatment of hopeless carcinoma in the past has been with morphin, but today, the author believes that it should be by radiotherapy since it is pitiful that patients with inoperable cancer, after their condition is pronounced hopeless, receive so little consideration. However, he cautions that thorough knowledge of the action of radium is essential because from that knowledge only may the proper dose be applied to produce the best results and haphazard use of radium should be discouraged. In estimating the value of radium therapy, its advocates do not claim that it supersedes surgery, but that it is a valuable adjunct to surgery, in helping to prevent recurrences after operation and in rendering inoperable cases operable and that it has proved itself one of the best palliatives we have in cases in which operation is impracticable and in many of such cases has brought about an apparent cure. In recurrent and inoperable carcinoma of the uterus, Boggs believes that radium might be considered the specific treatment, because it is the only method which retards the process to the same extent and gives the same amount of palliation. Radium is always less valuable in recurrent than in inoperable carcinoma of the uterus and since so much has been accomplished in the inoperable cases, in every primary case, no matter how early the operation has been performed, Boggs believes that there should be either ante- or postoperative treatment with radium, or both.

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**Operative Results in Myoma Uteri.**—There were 262 cases operated upon for uterine myomata at the Woman's Hospital in New York City during the year 1918, with a mortality of 4 patients, or 1.52 per cent., according to a report which has been published by BROWN (*Am. Jour. Obst.*, 1919, lxxix, 333), and 2 of these patients died of embolus. The remaining deaths were caused in one instance by intestinal obstruction occurring eight days after myomectomy associated with a ventral suspension and removal of tuberculous appendages, while the other death followed within three days after a supravaginal hysterectomy and removal of purulent appendages. The 2 deaths from embolus in

the present series of 260 cases taken in connection with 7 from a similar cause in the 1500 cases operated on during the eight years previous, in which there were 28 deaths from all causes, gives embolus as the largest causative factor in the fatal terminations. The next highest cause was peritonitis in 7 of the fatal cases. In accordance with the usual routine of the day, a follow-up investigation was conducted upon these patients, of whom, 117 patients reported for examination. Of this number, 99 were in excellent condition from a surgical standpoint, and stated that they felt absolutely well; 5 patients complained of menopausal symptoms, and their ages ranged from thirty-three to forty-two. In 3, both ovaries and tubes had been removed, and in the remaining 2, one ovary and tube had been saved. The few patients complaining of the forced menopause is striking, especially when one considers the 113 patients examined in whom there is no record of any symptoms except of a passing character which caused no inconvenience. It may be argued that these patients are hard-working women and not given to noting symptoms, which would be distressing to those of the more-leisure class, which no doubt, is true to a great extent. Nevertheless, Broun strongly believes that in the presence of tumor growth the function of the ovaries from the standpoint of internal secretions is greatly diminished and in this class of cases their importance in maintaining the nervous equilibrium of the patient is to a great extent overestimated. At any rate, this belief is apparently borne out by the study of these cases under consideration where usually one or both adnexa have been removed on account of circulatory changes or infection. Unless there is some special reason, such as a possible pregnancy, why should an ovary be conserved after its tube has been removed? The author thinks it better surgery to remove the ovary at the time the tube is excised and certainly in instances of the removal of the uterus and the remaining adnexa. This opinion founded on clinical experience is borne out by Sampson's studies of the tubal and ovarian circulation, since he has shown by his combined tubal and ovarian vascular injection specimens, that much care must be exercised in removal of the tube in order not to disturb the ovarian circulation and at times this disturbance is impossible to avoid on account of the abnormal distribution of the vessels. The results here reported by Broun represent the end-result of surgery applied to a series of consecutive cases by the full operating staff of the hospital and he doubts whether they can be equalled by roentgen rays or radium even in selected cases, especially when we consider the contra-indicating, unrecognizable degenerative changes present in such tumors and also the associated pathological conditions in the adnexa. Therefore, he would use radium or the roentgen rays in myomata for the purpose only of controlling bleeding and then only when the contents of the pelvis can be clearly mapped out. They are a valuable means under such conditions and by their use, what would otherwise be a mutilating operation, can be avoided.

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**Lacerations of the Vagina from Coitus.**—Coitus as the cause of a laceration of the vagina except in cases of rape or marked disproportion between the penis and vagina is quite rare and consequently it is interesting to note that one case of this kind has been reported by STOKES